



TOWN OF FOXBOROUGH

Inspections Department

40 South Street

Foxborough, Massachusetts 02035

Tel. (508) 543-1206 / Fax. (508) 543-6278

Application for Mechanical Permit

Residential - \$40.00/unit. Commercial – 1% of contract with \$50.00 minimum.

Please print clearly and include specifications or plans if applicable.

Location of Work _____ Assessors Map # _____ Parcel # _____
Applicant Name _____ Phone Number _____

Type of Work: ☐ Commercial ☐ Residential ☐ New Construction
 ☐ Addition ☐ Replacement ☐ Alteration (i.e. Tenant improvement)

Property Owner:

Name _____ Phone Number _____
Address _____ City/Town _____ State _____

Installer:

Name _____ Phone Number _____
Address _____ City/Town _____ State _____
License Type _____ Number _____ Exp. Date _____

Description of Work: _____

No.	Type of Fixture or Item	No.	Type of Fixture or Item
	Air Conditioner Units-H.P. Ea.		Ventilation Fan
	Refrigeration Units-H.P. Ea.		Range Hood
	Boilers-H.P. Ea.		Air handling Unit C.F.M.
	Gas Fired A.C. Units-Tonnage Ea.		Incinerator
	Forced Air Systems-B.T.U. M Ea.		Other (Please list)
	Gravity Systems-B.T.U. M Ea.		
	Floor Furnaces-B.T.U. M		
	Wall Heaters-B.T.U. M		
	Unit Heaters-B.T.U. M		
	Evaporative Coolers		
	Clothes Dryers		

Estimated Value of Mechanical Work: \$ _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor/Authorized Agent: _____
Print name clearly: _____